

# Nassau County Summer Camp Swim Evaluation

## Swim Test Appointment

Date \_\_\_\_\_

Time \_\_\_\_\_

Camp Location: \_\_\_\_\_ Cantiague \_\_\_\_\_ Wantagh \_\_\_\_\_ Nickerson

Child's Name \_\_\_\_\_  
Print name

Age \_\_\_\_\_

Phone No. \_\_\_\_\_

Band color:     **Red**                      **Green**

## Swim Evaluation

1. Swim one lap 25 meters/yards, any stroke continuous, without stopping (cannot put feet down or hold on to lane line).

Pass

Incomplete

2. Float on back for 30 seconds.

Pass

Incomplete

3. Tread water for three minutes (cannot put feet down or stop once started)

Pass

Incomplete

WSI: \_\_\_\_\_  
Print name

Signature

Date: \_\_\_\_\_